

## DOCUMENT RESUME

ED 178 560

TM 009 600

AUTHOR Luftig, Jeffrey T.; And Others  
TITLE New Hampshire's Vocational Program Evaluation System. Manual II: Product Evaluation.  
INSTITUTION New Hampshire Research Coordinating Unit for Vocational-Technical Education, Concord.  
PUB DATE [76]  
NOTE 56p.; For related document, see TM 009 599; Figure 1, page 3, was removed prior to filming because of small print size  
EDRS PRICE MF01/PC03 Plus Postage.  
DESCRIPTORS Academic Achievement; Data Collection; Employers; \*Evaluation Methods; Occupational Surveys; Postsecondary Education; \*Program Evaluation; Program Improvement; Program Planning; Questionnaires; State Programs; Student Characteristics; \*Student Employment; Student Evaluation; \*Summative Evaluation; \*Vocational Education; \*Vocational Followup; Work Experience  
IDENTIFIERS New Hampshire

## ABSTRACT

The New Hampshire Vocational Program Evaluation System (VPES) is designed to: (1) provide program improvement information; (2) provide information on local program effectiveness to aid in designing improvements; and (3) aid in complying with 1976 federal vocational education legislation. The evaluation system is divided into two components: formative and summative evaluation. The summative evaluation volume is concerned with gathering program improvement data and specific information related to the results of student employment success. The employment evaluation phase is designed to provide answers concerning program graduates, dropouts, and transfers; sex and racial and ethnic origin of each student; length of time each student was enrolled in the program; follow-up on students' additional training, employment status, job history; and students' evaluations of the program; employers' background; and evaluation of students from the program. (Letters used to conduct the followup and forms for the summative evaluation are included).  
(MH)

\*\*\*\*\*  
\* Reproductions supplied by EDRS are the best that can be made \*  
\* from the original document. \*  
\*\*\*\*\*

ED178560

NEW HAMPSHIRE'S VOCATIONAL PROGRAM  
EVALUATION SYSTEM

MANUAL II: PRODUCT EVALUATION

U.S. DEPARTMENT OF HEALTH,  
EDUCATION & WELFARE  
NATIONAL INSTITUTE OF  
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

TM009 600

"PERMISSION TO REPRODUCE THIS  
MATERIAL HAS BEEN GRANTED BY  
Res. Coord. Unit  
Div. Voc-Tech Ed

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)."



NEW HAMPSHIRE'S VOCATIONAL PROGRAM  
EVALUATION SYSTEM

MANUAL II  
PRODUCT EVALUATION

by

Jeffrey T. Luftig, Ph.D.  
Director, Research Coordinating Unit

and

Richard F. Monteith, Consultant  
Monique F. Dube, Administrative Associate

Research Coordinating Unit  
Division of Vocational - Technical Education  
New Hampshire State Department of Education  
105 Loudon Road  
Concord, New Hampshire 03301

# CONTENTS

|                   |   |
|-------------------|---|
| PREFACE . . . . . | 1 |
|-------------------|---|

## PRODUCT EVALUATION

|                        |   |
|------------------------|---|
| INTRODUCTION . . . . . | 8 |
|------------------------|---|

|                           |    |
|---------------------------|----|
| INSTRUMENTATION . . . . . | 13 |
|---------------------------|----|

|                                                    |    |
|----------------------------------------------------|----|
| Termination Report Form and Instructions . . . . . | 14 |
|----------------------------------------------------|----|

|                                                   |    |
|---------------------------------------------------|----|
| Student Follow-Up Form and Instructions . . . . . | 20 |
|---------------------------------------------------|----|

|                                                    |    |
|----------------------------------------------------|----|
| Employer Follow-Up Form and Instructions . . . . . | 22 |
|----------------------------------------------------|----|

|                                  |    |
|----------------------------------|----|
| Sample Request Letters . . . . . | 24 |
|----------------------------------|----|

|                                   |    |
|-----------------------------------|----|
| APPENDIX: CODING TABLES . . . . . | 34 |
|-----------------------------------|----|

|                                            |    |
|--------------------------------------------|----|
| Student Racial/Ethnic Background . . . . . | 35 |
|--------------------------------------------|----|

|                        |    |
|------------------------|----|
| Center Codes . . . . . | 35 |
|------------------------|----|

|                         |    |
|-------------------------|----|
| Program Codes . . . . . | 36 |
|-------------------------|----|

|                            |    |
|----------------------------|----|
| Acknowledgements . . . . . | 37 |
|----------------------------|----|

# PREFACE

The New Hampshire Vocational Program Evaluation System is designed to meet three distinct needs:

- (1) To provide local educational agency administrators, vocational directors, and program instructors with *program improvement* information for the purpose of operating the best possible programs of vocational education; and
- (2) To provide the Division of Vocational-Technical Education staff with detailed information regarding the effectiveness of vocational programs at the local level for the purpose of allowing program consultants to assist in the improvement of vocational programs; and
- (3) To help local educational agencies and the Department of Education comply with the mandates of the 1976 Federal Vocational Education legislation.

The most important aspect of the System is reflected by the first goal; for this reason, the procedures and instrumentation utilized within the System have been developed to maximize the potential value of the data's use to local administrators and teachers.

It is important to note, however, that the System will still provide for full compliance with Federal requirements for the reporting of program data. Although the System is designed primarily to meet the unique needs of New Hampshire's educational structure, the overall system is generally designed along the recommended guidelines for State Evaluation Systems detailed in Section 104.401 of the Rules and Regulations pertaining to the 1976 Education Amendments. This breakdown requires that vocational programs be evaluated for their effectiveness in terms of:

- (1) Planning and Operational Processes
- (2) Results of Student Achievement
- (3) Results of Student Employment Success

It is also important to recognize that these assessments will be conducted to determine the results of additional services to special populations (women, members of minority groups, persons identified as handicapped or disadvantaged, and persons of limited English-speaking ability), as well as 'regular' student populations.

The New Hampshire Evaluation System is divided into two basic components. The Process Evaluation component will gather program evaluation data related to Planning and Operational Processes, and Results of Student Achievement. Manual I is the document associated with conducting the Process Evaluation of vocational programs and projects and encompasses the instrumentation and related instructions for Division of Vocational-Technical Education program consultants and local educational agency staff.

The second component is a Product Evaluation model, designed to gather specific information related to Results of Student Employment Success. Manual II is the document providing local educational agencies with the instrumentation and instructions necessary to conduct this assessment.

The entire System is designed so that all of the evaluation activities will be conducted by, or in conjunction with, local education staff. The New Hampshire Research Coordinating Unit (RCU) serves as a consultative agency and coordinates the data collection efforts. Figure 1 details where and how the Vocational Program Evaluation System (VPES) 'fits' into the overall RCU evaluation and monitoring responsibility matrix. The VPES is identified on the right-hand side of the total model.

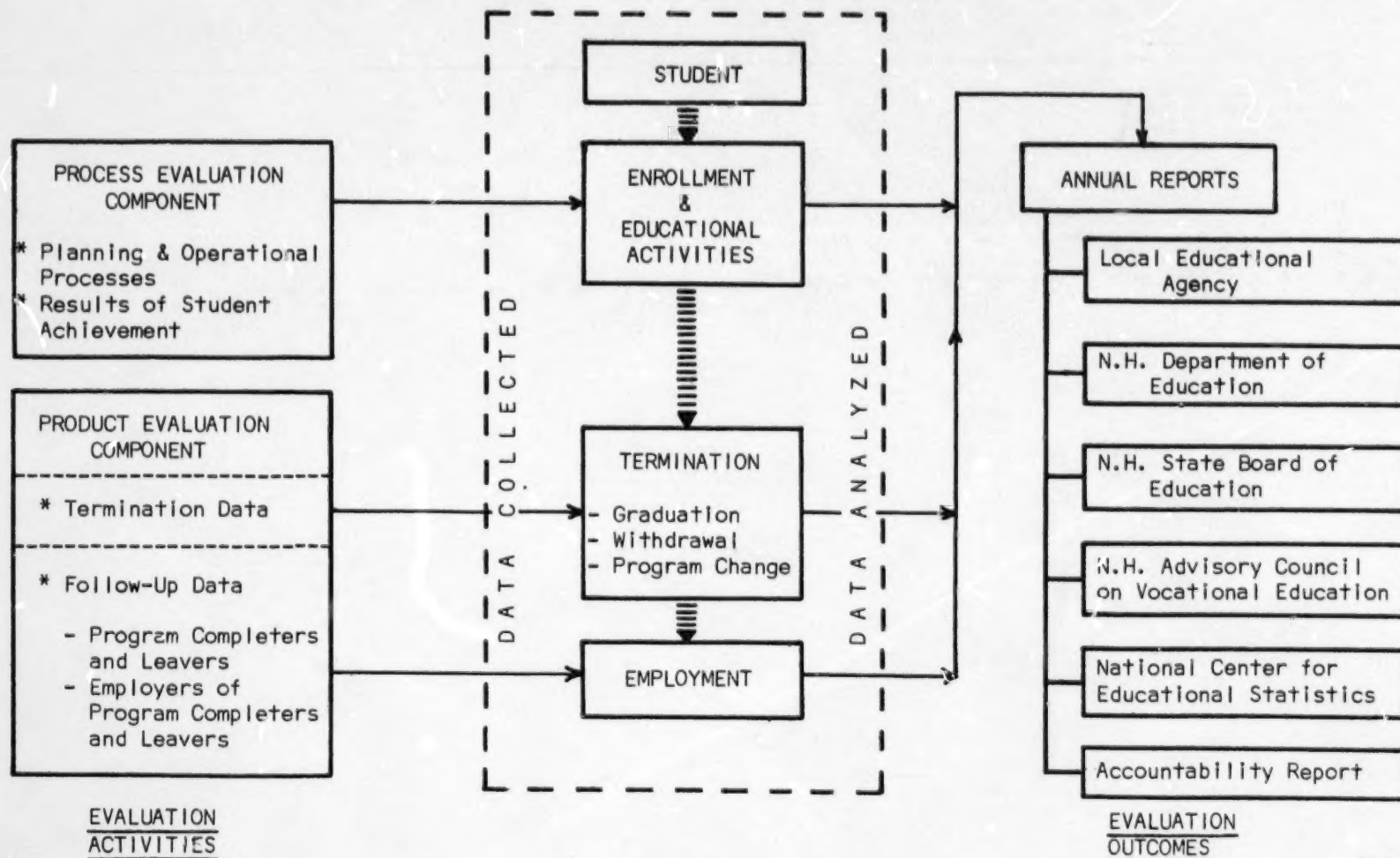
**FIGURE 1****A COMPREHENSIVE PLAN FOR  
PROGRAM EVALUATION AND CENTER MONITORING**

was removed prior to submission to the ERIC Document Reproduction Service, because of the small print.

Figure 2 presents the overall VPES on an operational basis. Details related to the specific nature of the data collected within the Process and Product components may be found by referring to the body of the two Manuals. Figure 2 is intended only to illustrate the conceptual basis for the System and its evaluation procedures. As this model shows, each vocational program will be assessed on the basis of ongoing, operational activities on-site. Additionally, program graduates (completers) and leavers, as well as their employers, will be followed-up to further assess the effectiveness of the program. These two sets of data, when merged, comprise a comprehensive data base intended to assist in the improvement of vocational programs.

The annual reports which will be developed as a result of the program evaluation effort are also identified within the System model shown. It is anticipated that with the establishment of a State-wide data base, the RCU will ultimately also be capable of providing LEA's with specific program-related information on demand.

FIGURE 2  
VOCATIONAL PROGRAM EVALUATION SYSTEM



The data collected by the DVTE and each LEA as specified in Figure 2 will be compiled by the RCU; as a result, the following reports will be generated:

FIGURE 3

| DATA BASE                                                                 | INFORMATION INCLUDED                                                        |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Across-the-State*<br>All Programs Combined                             | 1a. Termination Data<br>1b. Follow-Up Data**                                |
| 2. Individual Schools/Centers<br>Stratification by Individual<br>Programs | 2a. Termination Data<br>2b. Follow-Up Data**<br>2c. On-Site Evaluation Data |
| 3. Individual Programs<br>Across-the-State*                               | 3a. Termination Data<br>3b. Follow-Up Data**<br>3c. On-Site Evaluation Data |
| *Reflects the combined data from<br>all schools.                          | **Reflects both Student and<br>Employer Follow-Up data                      |

To illustrate the nature of the report breakdown, suppose a particular vocational director had three programs (welding, health, and distributive education) in his center. At the end of the school term, he/she would receive the following reports: (a) all termination and follow-up data, by program, gathered for the programs in his/her school/center; (b) the results of the on-site process evaluation, by program, conducted within his/her school/center; (c) the cumulative termination and follow-up data collected in all schools/centers for all programs throughout the State; (d) the cumulative results of all

termination and follow-up data, by program, collected in all schools/centers throughout the State, for all those programs that he/she has in his/her own school/center (In this example, welding, health, and distributive education); and (e) the cumulative results of all of the on-site process evaluations, by program, conducted throughout all schools/centers in the State.

Copies of every report generated are to be sent to the New Hampshire State Board of Education and Advisory Council for Vocational Education, with copies remaining on file at the offices of the Research Coordinating Unit and the Chief of the Division of Vocational-Technical Education.

Specific data gathered and reported in these documents are also to be extracted and subsequently reported in the Federal Accountability Report (Department of HEW), and in the report to the National Center for Educational Statistics.

For more detailed information regarding instrumentation, procedures, or reports refer to System Manuals I and II, or contact:

Dr. Jeffrey T. Luftig, Director  
Research Coordinating Unit  
Division of Vocational-Technical Education  
105 Loudon Road  
Concord, New Hampshire 03301

# *PRODUCT EVALUATION*

## *INTRODUCTION*

The primary purpose of the Product Evaluation component of the VPES is to gather program improvement data, as well as information related to the employment success of vocational program completers and leavers, at the local level. Specifically, this component is designed to answer the following questions:

### *I. Program Termination*

- a. How many students terminated from the vocational program through graduation? Withdrawal (drop)? How many transferred to another program?
- b. Of those students who withdrew, what were their reasons?
- c. Of those students who transferred, to what program areas did they transfer to?
- d. How long was each student enrolled in the program?  
Was the student a junior or senior when he/she terminated?
- e. What was the sex and racial/ethnic origin of each student?  
Was the student from the vocational center or a sending school?

### *II. Follow-Up*

#### *a. Student (Program Completers and Leavers)*

1. Did the student receive any additional training after leaving high school? Of what type?
2. What is each student's present employment status?

If he/she is unavailable for employment, why?

3. What was the student's first/present job? Was it full- or part-time? Related or unrelated to the training he/she received? How long was each job held? How many jobs has the student held since leaving high school?
4. Has the student received any promotions? What was the student's monthly salary range for his/her first job? Present job?
5. Is the student satisfied with his/her present job? With various aspects (e.g. pace of work, security, safety conditions, etc.) of the present job?
6. How does the student now rate the training he/she received in terms of knowledge? Skills?
7. How does the student now rate the vocational program's equipment?
8. How does the student now rate the instruction he/she received in terms of quality? Instructor's knowledge? Instructor's interest?
9. Given the option, if the student could start over again, would he/she choose the same vocational program they received training in?

b. Employer

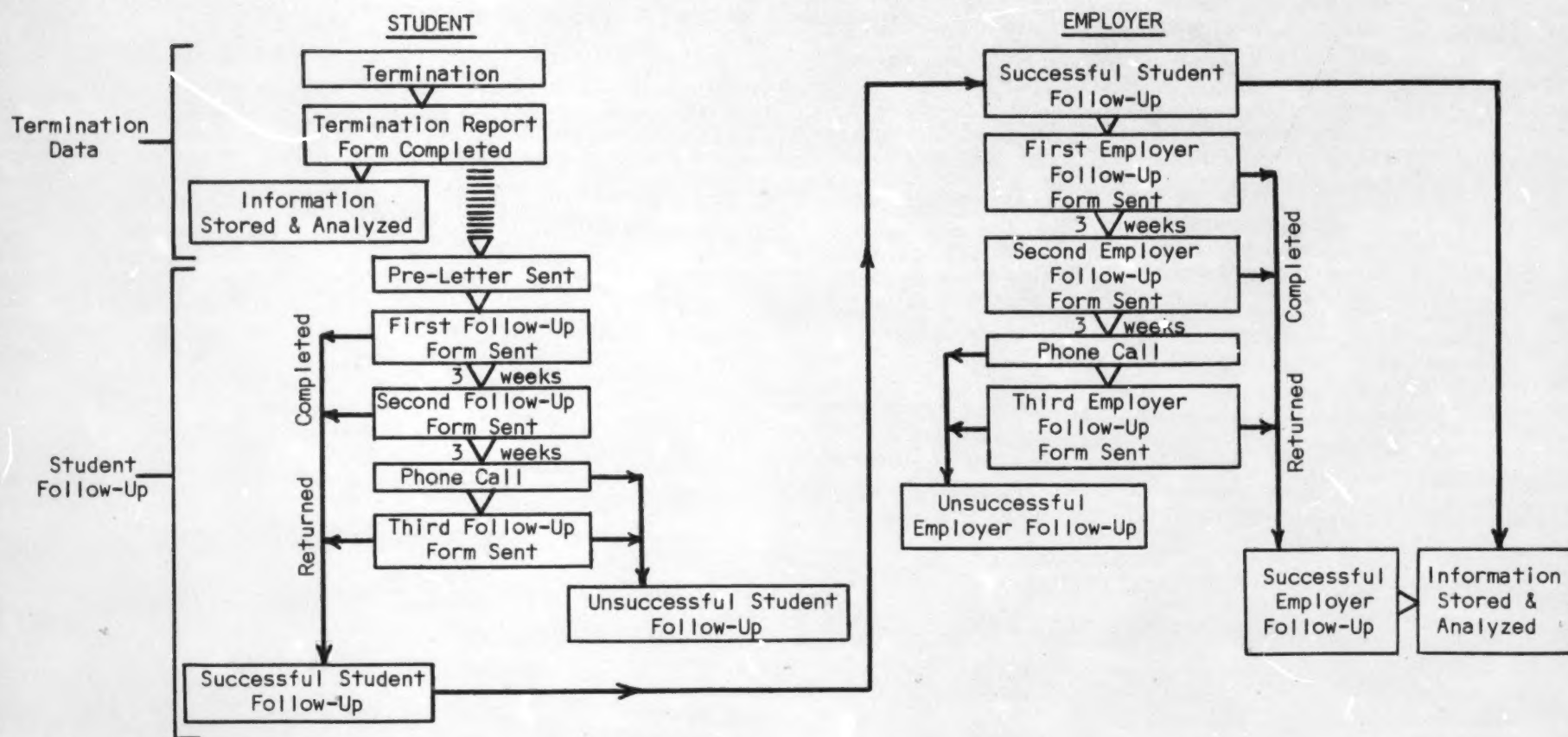
1. How long has the student been employed by the firm?
2. In comparison with others in the same work group, how is the employee rated in terms of work quality and quantity? Job-related knowledge and technical skills? Reading and computational skills? Willingness to

accept responsibility? Punctuality, cooperation, work attendance, compliance with company rules?

3. In comparison with others in the same work group, how is the employee rated on the basis of overall job performance?

Figure 4 presents the Product Evaluation process which will be employed to answer the questions stated above. The reader should note that this is a two-year effort, with Termination Data gathered during the first year, and the Follow-Up procedure conducted approximately eight months after the student Termination date. (For example, a student graduating from a vocational program in June of 1978 would have termination data gathered about him/her during that month. The student would then be followed-up in January, 1979, with an employer follow-up to immediately ensue upon receiving the student information.) All of the data gathered, as shown by Figure 4, is collected by the local educational agency.

FIGURE 4  
VOCATIONAL PROGRAM EVALUATION SYSTEM  
PRODUCT EVALUATION COMPONENT



In order to allow the reader to more fully understand the Product Evaluation component (Figure 4) of the VPES, the following section is provided. Contained in this section are the Instruments to be utilized within this component, as well as the directions provided to LEA/field staff for each instrument. Sample letters, which accompany the instruments when mailed to previous students and their employers, are also included.

## *INSTRUMENTATION*

The Termination Report Form (RCU-1) is the instrument designed to gather those data related to the program termination questions previously posed. One TRF is completed for each student who enrolls in a program in September, and who terminates from the program through graduation, withdrawal (drop), or transfer during the school year.

## TERMINATION REPORT FORM

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|   |   |   |   |   |   |   |   |   |

NOTE: Red squares are for office use only

STUDENT'S NAME \_\_\_\_\_  
Last First InitialPRESENT HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_SCHOOL \_\_\_\_\_  
Name

PROGRAM STUDENT TERMINATED FROM \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

LENGTH OF TIME STUDENT SPENT IN PROGRAM

|       |  |       |  |
|-------|--|-------|--|
| 12 13 |  | 14 15 |  |
|       |  |       |  |
| Wks.  |  | Mos.  |  |
| 16 17 |  | 18 19 |  |
|       |  |       |  |
| Mo.   |  | Yr.   |  |

(Check one) CHANGE OF STATUS

Date:

20 ☐ 1 Student dropped (see back of this page for drop reasons). ☐ 21  
Place code in this square \_\_\_\_\_

20 ☐ 2 Student changed program  
TO \_\_\_\_\_ ☐ 22-23  
Curriculum

20 ☐ 3 Student completed training objectives (student accepted employment in a job directly related to his/her program) or received a trade certificate.

20 ☐ 4 Student graduated.

## REASON FOR DROPPING CODE

(Select one and record on other side)

### 1. UNSATISFACTORY PROGRAM PERFORMANCE

- e.g. a) poor grades — lack of progress  
b) absent too frequently  
c) could not adjust to training program  
d) Lack of educational interest  
e) etc.

### 2. ECONOMIC REASONS

- e.g. a) insufficient funds  
b) accepted a full-time job not related  
to his/her vocational program  
c) etc.

### 3. ENTERED THE ARMED FORCES

### 4. PERSONAL PROBLEMS

- e.g. a) family problems  
b) health-illness-or death  
c) marriage  
d) moved from area  
e) pregnancy  
f) etc.

### 5. REASON UNKNOWN

- e.g. a) no reason given by  
student  
b) non-interpretable reason  
c) etc.

DIRECTIONS FOR COMPLETING THE  
TERMINATION REPORT FORMS (RCU-1)

I. INTRODUCTION

The Termination Report Form is the first in a series of three instruments designed to provide the Local Educational Agency with program improvements data, and the State Research Coordinating Unit with data required by Federal legislation. These data, when combined with on-site evaluation information provided by individual program consultants, comprises the recently-developed Vocational Program Evaluation System.

The specific purposes of the data gathered by the Termination Report Form are threefold:

- (1) To provide student-related information which will allow the Local Educational Agency to follow-up program graduates and leavers 6-8 months after program termination; and,
- (2) To provide data related to the type of program status changes by students; and,
- (3) To provide data related to the reasons for program status changes by students.

II. FOR WHICH STUDENTS SHOULD TERMINATION FORMS BE COMPLETED?

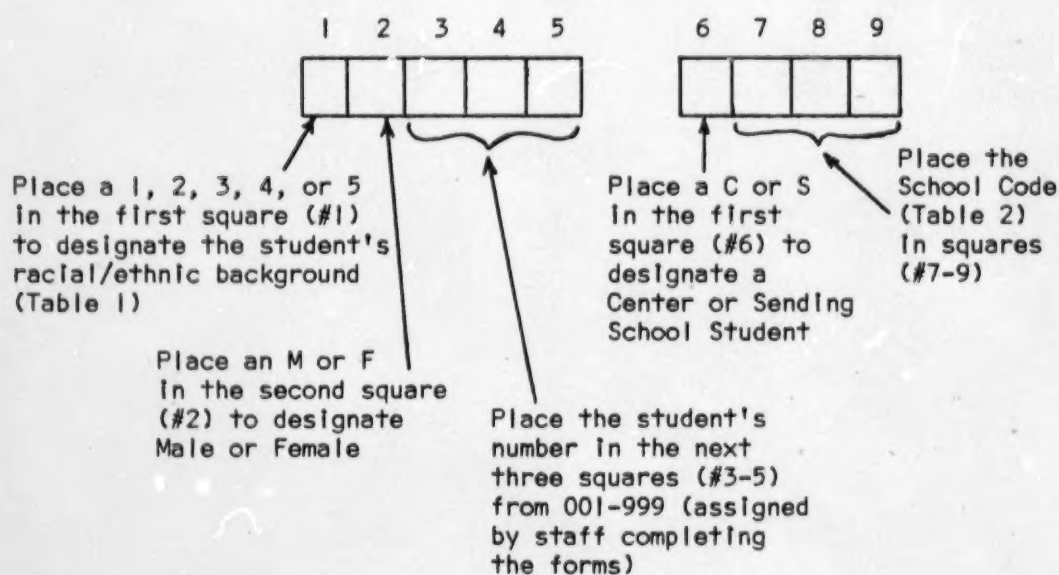
One form should be completed for each junior (11th grade) who was enrolled in the vocational program in September, but who dropped out of the program during the junior year. Juniors who remain in the program DO NOT require the completion of a termination report form.

One form should be completed for each senior (12th grade) who was enrolled in the vocational program in September and who

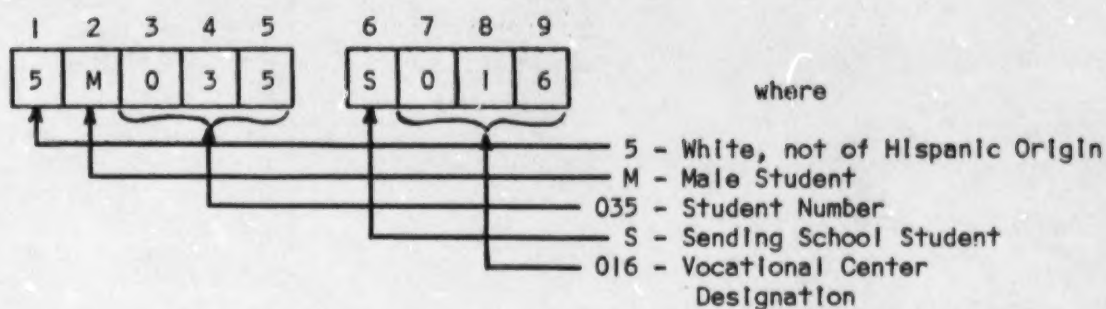
(a) graduated, or (b) dropped out of the program during the school year. This will usually include all seniors who were enrolled in the vocational program in September.

### III. HOW SHOULD THE FORM BE COMPLETED?

- (1) Start by completing the section related to the student's name, present address, and the name of the school and program. For reasons of accuracy, it is recommended that the entire form be completed by staff. Each student should also be assigned a code number as described in the next section.
- (2) The upper right hand corner of the Termination Report Form (TRF), has 9 red squares which should be completed as follows:



For example, the 35th TRF completed, for a male student from Hollis attending Nashua High School would appear as shown on the following page.



- (3) Following the item "Program Student Terminated From", there are three red squares which should be completed as follows:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

10-11

In the first square, place a J or S to designate whether the student was a junior or senior when he/she dropped out of, or graduated from, the program.

In the second two squares, place the code number (01-99) of the program as shown by Table 3.

- (4) Fill in the length of time that the student spent in the program in the appropriate squares (use 'weeks' where the student was enrolled for only a short time, and 'months' in all other cases). Then, indicate the month and year the student left or graduated from the program where 'Date' is indicated.
- (5) Under the title 'CHANGE OF STATUS' are four squares which appear as:

20 1

20 2

20 3

20 4

- (a) Check one of these four columns, according to the type of termination involved. In most cases, you will be checking #4 (Student graduated).
- (b) If the student dropped out of the program prior to completion, mark the first square ( 20 

|   |
|---|
| 1 |
|---|

 ), and place the code number corresponding to the reason for the drop in the square immediately following the item which appears as:

|  |
|--|
|  |
|--|

 21

The 'reason for dropping code' is to be found on the back of each TRF. Select only one number, and do not bother to use letter designations; for example, use just 1, as opposed to 1a or 1b for square #21.

- (c) If the student transferred to another program, check the second square ( 20 

|   |
|---|
| 2 |
|---|

 ), write in the name of the program he/she transferred into, and place the new program code in the three red squares ( 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 .22-23) immediately following the item. Code these squares exactly as you coded the item above ('program student terminated from'); *if the student transferred into any non-vocational program, but remained in school, code the squares as:*

|        |   |   |
|--------|---|---|
| J or S | 9 | 9 |
|--------|---|---|

- (6) This completes the coding procedure. Try to code the TRFs in groups corresponding to each program, so that (for example) students 1-10 relate to one program, students 11-25 relate to

a second program, etc. When all TRF's are completed, send the forms to:

Research Coordinating Unit  
Division of Vocational-Technical Education  
105 Loudon Road  
Concord, New Hampshire 03301

IV. WHAT WILL THE RCU DO WITH THE COMPLETED TRF'S?

The data from the forms will be entered on a computer file. A report, structured by program, will be returned to the LEA along with the original forms.

V. WILL THE RCU, OR ANY OTHER STATE AGENCY, RECORD THE DATA BY STUDENT NAMES, OR WILL THE STUDENT'S NAMES BE RECORDED IN ANY MANNER?

Under NO circumstances will the RCU or any other federal or state agency record student names. ONLY the student code numbers will be used.

VI. WHEN SHOULD THE COMPLETED TRF'S FOR EACH YEAR BE SENT TO THE RCU?

No later than one (1) month following the graduation date of each year's seniors. TRF's relating to drops can be kept throughout the year until the TRF's relating to graduation are completed.

As soon as the LEA staff has completed a TRF for all students in all vocational programs for a given school term, the forms are sent to the RCU for keypunching and data analysis. Additionally, RCU staff complete a portion of the Follow-Up Checklist and Coding Format (RCU-4) for use by LEA staff in following up the students and their employers. Using the TRF as a guide, RCU staff type each student's name and an Instrument I.D. code onto the Checklist. This code is the alphanumeric sequence which must subsequently appear on both the student follow-up and employer follow-up Instruments. This form also allows the LEA staff to 'check off' each student's name as each form is sent and received, so that keeping track of what has and has not been completed for each student becomes easier. Additionally, the month in which each student's follow-up must be initiated is included on this form. This form (RCU-4) is returned to the LEA with the original TRFs when the Termination data has been stored in the computer file at the RCU. It is important to note that *at no time* are any student names recorded or stored in any RCU file. A sample of the Checklist form, with an example of an Instrument I.D. code is presented on the following page.

The next stage in the Product Evaluation procedure is the student and employer follow-up. This process is fully explained in the packet of materials "Directions for Conducting the Student/Employer Follow-Up" which follows. Samples of the Instruments and accompanying letters are included.

### FOLLOW-UP CHECKLIST AND CODING FORMAT

CODE: 011

[illegible]

DIRECTIONS FOR CONDUCTING THE  
STUDENT/EMPLOYER FOLLOW-UP (RCU-2, RCU-3)

CONDUCTING THE STUDENT FOLLOW-UP

Using school letterhead stationery, send an 'advance notice' or pre-letter (Sample 1) to each student listed on the Follow-Up Checklist (RCU-4) which was returned with the Termination Report Forms (TRFs). Note that you have been provided with a separate checklist for each vocational program. The student's address may be obtained by referring to his/her completed TRF.

One week after the advance notice letter has been mailed, prepare and mail each person a Follow-Up Questionnaire (RCU-2). In order to prepare the form for mailing, you must do three things:

(1) Using the "INSTRUMENT ID #" from the Follow-Up Checklist, *for each student*, transfer the code from the checklist directly onto the Follow-Up Questionnaire by completing the red squares on the upper right-hand corner of the front page on the Questionnaire. Note that these squares are indicated as "For Office Use Only," and that the code number on the Checklist transfers directly to the Questionnaire. For example, if the Checklist showed

|                  |   |   |   |
|------------------|---|---|---|
| INSTRUMENT ID #  |   |   |   |
| FC/11/MI08/S12/4 |   |   |   |
| /                | / | / | / |

the code would be transferred to the Questionnaire directly, so it would show

|   |   |   |   |   |   |   |    |    |   |   |   |
|---|---|---|---|---|---|---|----|----|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 8 | 9 | 11 | 12 |   |   |   |
| F | C | I | I | M | I | 0 | 8  | S  | I | 2 | 4 |

(For Office Use Only)

Date

|     |     |
|-----|-----|
|     |     |
| Mo. | Yr. |

(2) Complete the "Date" section on the Questionnaire which appears immediately below the coding squares (as shown). Indicate the month and year *during which the form is mailed to the student.*

(3) Type the student's name and address (and home telephone number, if you have it) onto the front of the Questionnaire under the section entitled "I. PERSONAL INFORMATION".

Accompanying the Questionnaire on the first mailing *only* should be a complimentary packet of instant coffee, and a 'first request' letter (Sample 2) printed on school stationery. Once the Questionnaire has been mailed to the student, check off the column on the Checklist entitled: "STUDENT FOLLOW-UP: SENT".

If within three weeks following the mailing a Questionnaire is returned completed, check off the column on the Checklist entitled "STUDENT FOLLOW-UP: RETURNED", and immediately initiate the Employer Follow-Up procedure for that student. If the Questionnaire is not returned within three weeks, prepare a second Questionnaire and mail it to the student accompanied by a 'second request' letter. Note that this Questionnaire is coded and typed exactly as the first form was, but that the 'Date' section may change due to a later mailing. If this Questionnaire is returned completed within three weeks, check off the "RETURNED" column on the Checklist and immediately initiate the Employer Follow-Up procedure for that student. If the second Questionnaire is *not* returned in three weeks, call the student (or his/her family) at home, and try to convince him/her to complete the form. If the student agrees to complete a Questionnaire, send a third form to him/her (if necessary) with a copy of the 'second request' letter. When the form has been completed and returned, check the appropriate Checklist column ("RETURNED"), and initiate the Employer Follow-Up sequence.

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (For Office Use Only)    |                          |                          |                          |

**FOLLOW-UP QUESTIONNAIRE***ALL OF YOUR RESPONSES WILL BE KEPT CONFIDENTIAL*

**GENERAL DIRECTIONS:** Please complete ALL sections that apply. When you have completed the form, return it in the enclosed return-addressed, stamped envelope. Your honest response is very important so that we may continue to improve our vocational programs. Thank you very much for your cooperation and help.

**I. EDUCATIONAL AND EMPLOYMENT INFORMATION**

1. What is your current education status? (Check One)

☐ Currently Attending School  
☐ Not Currently Attending School

2. What is your current employment status? (Check One)

☐ Employed (Includes all employment; does not include full-time Military Service)  
☐ Full-Time Military Service  
☐ Unemployed (Not employed, but actively seeking employment)  
☐ Not In The Labor Force (Not employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason.)

**II. PRESENT JOB INFORMATION** (NOTE: If you are currently employed, please answer the remaining questions. Otherwise, skip to Section III; page 3)

3. Please provide the following information about your present job:

Name of Company or Firm \_\_\_\_\_  
 (If self-employed, please write 'self')

Company or Firm Mailing Address \_\_\_\_\_  
 Street Address

City or Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Your Immediate Supervisor's Name \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Job Duties \_\_\_\_\_

4. Is the job related to your field of vocational training?

☐ Yes, it is directly or closely related  
☐ No, it is only remotely related or is not related at all

5. What is your current salary? (NOTE: This item does not have to be completed if you don't want to. Please do not add overtime to your answer.)

\$ \_\_\_\_\_ per \_\_\_\_\_

6. The salary in the preceding item is based on how many hours per week employment?

\_\_\_\_\_ Hours Per Week

III. TRAINING PROGRAM QUESTIONNAIRE (If you are presently employed, or have been employed at any time since leaving high school, complete this section.)

**DIRECTIONS:** Please answer all of the following questions about the quality of your vocational program and the quality of the facilities and equipment the program had. Place an 'X' in the appropriate square.

A. CURRICULUM

7. In light of your experience on the job, how do you feel about the training you received in basic skills?

☐ Excellent ☐ Very Good ☐ Adequate ☐ Inadequate

8. In light of your experiences on the job, how do you feel about the training you received in general technical knowledge?

☐ Excellent ☐ Very Good ☐ Adequate ☐ Inadequate

B. FACILITIES AND EQUIPMENT

9. In comparison to the facilities & equipment used on your present job, how would you rate your vocational program facilities and equipment?

☐ The vocational program's facilities & equipment were better than those on the job.  
☐ The vocational program's facilities & equipment were about the same as those on the job.  
☐ The vocational program's facilities & equipment were not as good as those on the job.

THIS SECTION TO BE COMPLETED BY ALL

**DIRECTIONS:** Please answer all of the following questions about the quality of instruction in your vocational program. Place an 'X' in the appropriate square.

C. INSTRUCTION

10. How would you rate the teaching quality of the instructor(s) in your vocational program?

☐ The instructor(s) taught very well ☐ The instructor(s) taught fairly well ☐ The instructor(s) did not teach well

11. How would you rate the knowledge your vocational program instructor(s) had about their field?

☐ The instructor(s) was very knowledgeable ☐ The instructor(s) was somewhat knowledgeable ☐ The instructor(s) was not knowledgeable

12. How would you rate the interest shown by your vocational program instructor(s) in your work progress while you were in school?

☐ The instructor(s) was very interested in my progress ☐ The instructor(s) was somewhat interested in my progress ☐ The instructor(s) did not seem interested in my progress

13. How would you rate the extent to which your instructor(s) was up-to-date in his/her field?

☐ The instructor(s) was up-to-date ☐ The instructor(s) was somewhat up-to-date ☐ The instructor(s) was not up-to-date

- IV. If you could start all over again, would you choose the same vocational program you received training in?

☐ YES ☐ NO

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| F |   |   |   |   |   |   |   | S |    |    |    |

(For Office Use Only)

Date 

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

 14-17  
Mo. Yr.

## FOLLOW-UP QUESTIONNAIRE

**All of your responses will be kept confidential**

**GENERAL DIRECTIONS:** Please complete ALL sections that apply. When you have completed the form return it in the enclosed return-addressed, stamped envelope. Your honest response is very important so that we may continue to improve our vocational programs.

## I. PERSONAL INFORMATION

A. Name \_\_\_\_\_  
Last First Initial

B. Present Address \_\_\_\_\_  
Street  
City State Zip Code

C. Home Phone \_\_\_\_\_  
Area Code

## II. ADDITIONAL TRAINING

A. Since leaving high school, what further educational training have you had? (You may check more than one.)

18 ☐ None

19 ☐ On-the-job training (employer-sponsored training program)

20 ☐ Public technical institute programs

21 ☐ Private vocational programs

22 ☐ University, college and/or junior college programs

23 ☐ Apprenticeship

24 ☐ Specialized occupational military training

25 ☐ Other \_\_\_\_\_ Specify \_\_\_\_\_

### III. EMPLOYMENT INFORMATION – Present Status

A. Are you now employed, ~~unemployed~~ or unavailable for employment? (Check only one)

26 ☐ Employed (Full - or Part-Time)

26 ☐ Unemployed (You are actively looking for a job but cannot find one.)

26 ☐ Unavailable for employment (You cannot accept a job for one of the following reasons.  
Please check one appropriate reason.)

27 ☐ Military

27 ☐ Further training or education

27 ☐ Illness

27 ☐ Housewife or pregnancy

27 ☐ Presently not working and not interested in employment

27 ☐ Other \_\_\_\_\_ Specify \_\_\_\_\_

**IV. JOB INFORMATION: (IF YOU HAVE NOT BEEN EMPLOYED AT ANY TIME SINCE HIGH SCHOOL SKIP TO SECTION IX, Page.4)**

- DIRECTIONS:** 1. If you were employed at any time since leaving high school, please complete the following section of the questionnaire.  
2. Please supply the requested information for each job you have held since leaving high school.

|                                                        |                      |                                                                                                                        |       |
|--------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------|-------|
| (1) First job<br>(First job after leaving high school) | Firm Name _____      | Check one:<br><input type="checkbox"/> Full-time job<br><input type="checkbox"/> Part-time job                         | 28    |
|                                                        | Firm Address _____   |                                                                                                                        |       |
|                                                        | City _____ Zip _____ | Check one:<br><input type="checkbox"/> Job related to training<br><input type="checkbox"/> Job not related to training | 29    |
|                                                        | Job Title _____      |                                                                                                                        |       |
|                                                        | Job Duties _____     | Number of months on this job since leaving high school                                                                 | 30-31 |

|                                                                                       |                      |                                                                                                                        |       |
|---------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------|-------|
| (2) Present job (job you are presently employed in. If same as first job, write SAME) | Firm Name _____      | Check one:<br><input type="checkbox"/> Full-time job<br><input type="checkbox"/> Part-time job                         | 32    |
|                                                                                       | Firm Address _____   |                                                                                                                        |       |
|                                                                                       | City _____ Zip _____ | Check one:<br><input type="checkbox"/> Job related to training<br><input type="checkbox"/> Job not related to training | 33    |
|                                                                                       | Job Title _____      |                                                                                                                        |       |
|                                                                                       | Job Duties _____     | Number of months on this job since leaving high school                                                                 | 34-35 |

(3) How many jobs, including your first and present job, have you had since leaving high school?

36-37

**V. ADVANCEMENT INFORMATION**

A. Have you had a formal promotion or up-grade in job classification (other than salary increases) since taking your first job after leaving high school?

YES ☐ NO ☐ 38

B. NOTE: The following item does not have to be completed if you don't want to. Please do not include overtime when calculating your monthly salary. (Check the appropriate squares)

|                                  | Under \$250              | 250-299                  | 300-349                  | 350-399                  | 400-449                  | 450-499                  | 500-549                  | 550-599                  | 600-649                  | 650-699                  | 700+                     |       |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| First Job Monthly Salary Range   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39-40 |
| Present Job Monthly Salary Range | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41-42 |
|                                  | 01                       | 02                       | 03                       | 04                       | 05                       | 06                       | 07                       | 08                       | 09                       | 10                       | 11                       |       |

## VI. JOB SATISFACTION SURVEY: (IF YOU ARE NOT PRESENTLY EMPLOYED, SKIP TO SECTION VII)

**DIRECTIONS:** The purpose of this survey is to let you express your feelings about your present job. Please answer all questions by placing an "X" in the appropriate square.

### A. How do you feel about your present job?

- |                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Like it very much           | <input type="checkbox"/> Dislike it somewhat  |
| <input type="checkbox"/> Like it somewhat            | <input type="checkbox"/> Dislike it very much |
| <input type="checkbox"/> Neither like nor dislike it |                                               |

43

### B. Considering your present job, rate how satisfied you are with each of the following:

|                                                 | Satisfied                | Not Sure                 | Dissatisfied             |    |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|----|
| 1. Salary _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| 2. Fringe Benefits _____                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 |
| 3. Chance for promotion _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 |
| 4. Supervision and management _____             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47 |
| 5. Co-workers _____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48 |
| 6. Company policies and practices _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 |
| 7. Pace (speed) of work _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 |
| 8. Facilities and equipment to do the job _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51 |
| 9. Working conditions _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52 |
| 10. Variety of work tasks _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53 |
| 11. Job security _____                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54 |
| 12. Safety conditions _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55 |

## TRAINING PROGRAM QUESTIONNAIRE: (IF YOU ARE PRESENTLY EMPLOYED, OR HAVE BEEN EMPLOYED AT ANY TIME SINCE LEAVING HIGH SCHOOL, COMPLETE THIS SECTION)

**DIRECTIONS:** Please answer all of the following questions about the quality of your vocational program and the quality of the facilities and equipment the program had. Place an "X" in the appropriate square.

### VII. CURRICULUM

#### A. In light of your experience on the job, how do you feel about the training you received in basic skills?

- |                                    |                                    |                                   |                                     |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|

56

#### B. In light of your experiences on the job, how do you feel about the training you received in general technical knowledge?

- |                                    |                                    |                                   |                                     |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|

57

### VIII. FACILITIES AND EQUIPMENT

#### A. The equipment in my vocational program was such that:

- |                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> I found it very easy to adapt to the equipment on the job. | <input type="checkbox"/> I found it very hard to adapt to the equipment on the job. |
| <input type="checkbox"/> I had some problems adapting to the equipment on the job.  |                                                                                     |

58

## VIII. FACILITIES AND EQUIPMENT (CONTINUED)

- B. In comparison to the facilities and equipment used on your present job, how would you rate your vocational program facilities and equipment?

- ☐ The vocational program's facilities & equipment were better than those on the job.
- ☐ The vocational program's facilities & equipment were about the same as those on the job.
- ☐ The vocational program's facilities & equipment were not as good as those on the job.

59

### THIS SECTION TO BE COMPLETED BY ALL

**DIRECTIONS:** Please answer all of the following questions about the quality of instruction in your vocational program. Place an "X" in the appropriate square.

## IX. INSTRUCTION

- A. How would you rate the teaching quality of the instructor(s) in your vocational program?

- ☐ The instructor(s) taught very well
- ☐ The instructor(s) taught fairly well
- ☐ The instructor(s) did not teach well

60

- B. How would you rate the knowledge your vocational program instructor(s) had about their field?

- ☐ The instructor(s) was very knowledgeable
- ☐ The instructor(s) was somewhat knowledgeable
- ☐ The instructor(s) was not knowledgeable

61

- C. How would you rate the interest shown by your vocational program instructor(s) in your work progress while you were in school?

- ☐ The instructor(s) was very interested in my progress
- ☐ The instructor(s) was somewhat interested in my progress
- ☐ The instructor(s) did not seem interested in my progress

62

- D. How would you rate the extent to which your instructor(s) was up-to-date in his/her field?

- ☐ The instructor(s) was up-to-date
- ☐ The instructor(s) was somewhat up-to-date
- ☐ The instructor(s) was not up-to-date

63

- X. If you could start all over again, would you choose the same vocational program you received training in?

- ☐ Yes
- ☐ No

64

### CONDUCTING THE EMPLOYER FOLLOW-UP

Employers of past vocational education students are followed-up *only* after a successful student Follow-Up Questionnaire has been completed and received. Immediately after you receive a completed student Follow-Up form, prepare and mail his/her *present* employer an Employer Questionnaire (RCU-3). In order to properly prepare this form, you must do three things:

- (1) Type in the date you are mailing out the Questionnaire in the space provided in the upper right-hand corner (page 1) of the form.
- (2) Type in, under the section entitled "I. PERSONAL INFORMATION", the name of the *student* ("Employee name"), and the name/address of his/her *present* employer. The employer information can be drawn from page 2 of the student Follow-Up Questionnaire, in the section entitled "Present Job." DO NOT use the "First Job" employer, unless it is the same as the "Present Job" employer.
- (3) On the second side of the Employer Questionnaire is a series of red squares (upper right-hand corner). Fill in these blank squares *exactly* as the squares were completed on the student Follow-Up Questionnaire. The only difference should be that square #1 on the Employer Questionnaire will have a red 'E' in it, and the student Follow-Up Questionnaire will contain a red 'F' in that space. *All other numbers and letters (square #'s 2-13), however, should be identical on both forms.*

Once the Employer form has been prepared, repeat the same sequence as with the Student follow-up; that is, check off the Checklist under

column, "EMPLOYER FOLLOW-UP: SENT", and mail out the form. Wait three weeks. If the completed form is returned, check off the "RETURNED" column, as well as the "COMPLETE" column on the Checklist to signify a completed follow-up effort. If the form was not returned the first time, send a second form and wait another three weeks. If still not returned, try a telephone call and a third Questionnaire mailing (if necessary).

Don't forget to send a copy of the 'first request' letter (Sample 4) on school stationery with the first mailing, or a copy of the 'second/third request' letter (Sample 5) with the second or third mailing of the Employer Questionnaire.

When you have completed the student and employer follow-up process for as many past students as possible, send all of the completed forms to:

Research Coordinating Unit  
Division of Vocational-Technical Education  
State Department of Education  
105 Loudon Road  
Concord, New Hampshire 03301

The information collected will be keypunched and stored at the RCU, and the forms will then be returned to you for your files. You will also receive copies of a series of summary reports from your school, and other schools across the State. It is important to note that *no* student names will be recorded/stored by RCU staff at *any* time during this process.

If you have any questions regarding the coding or mailing of the forms, or the procedure to be used, call or write:

Dr. Jeffrey T. Luftig, Director  
Research Coordinating Unit  
at 271-3276

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(For Office Use Only)

**EMPLOYER QUESTIONNAIRE***ALL RESPONSES YOU GIVE WILL BE KEPT STRICTLY CONFIDENTIAL*

**DIRECTIONS:** Please indicate your satisfaction with the employee as compared with other workers in the same work group. If the worker is the only person employed with your firm, compare him with others who have worked in the same position. This information will be kept strictly confidential. Please respond to all questions.

1. Total number of months employee has been employed by your firm:   18-19

PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY PLACING AN 'X' IN THE APPROPRIATE SQUARE

## 2. VOCATIONAL TRAINING EVALUATION

Please rate the vocational training received by the individual in the following areas:

|    |                                                                                                    | Very Good            | Good                 | Neutral              | Poor                 | Very Poor            |
|----|----------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 20 | a. Technical knowledge                                                                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21 | b. Work attitude                                                                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22 | c. Work quality                                                                                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 23 | d. The degree to which the employee is able to operate the equipment and apparatus used on the job | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 3. OVERALL RATINGS

What is your overall rating of the vocational training received by this individual as it relates to the requirements of his or her job?

|    | Very Good            | Good                 | Neutral              | Poor                 | Very Poor            |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|
| 24 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 4. RELATIVE PREPARATION

As a result of this person's vocational training, how would you rate his or her preparation in relation to other employees in his or her work group who did not receive such training?

|    |                      |                               |
|----|----------------------|-------------------------------|
| 25 | <input type="text"/> | No basis for comparison       |
|    | <input type="text"/> | Individual is better prepared |
|    | <input type="text"/> | Both are about the same       |
|    | <input type="text"/> | Individual is less prepared   |

## 5. WORK PERFORMANCE

In comparison to others in the employee's work group, how would you rate the employee on each of the following characteristics?

|    |                                               | Very Good            | Good                 | Neutral              | Poor                 | Very Poor            |
|----|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 26 | a. Willingness to accept responsibility       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 27 | b. Punctuality                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 28 | c. Ability to work without supervision        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 29 | d. Cooperation with co-workers and management | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 30 | e. Work attendance                            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

All responses you give will be  
kept strictly confidential

### EMPLOYER QUESTIONNAIRE

**DIRECTIONS:** Please complete ALL sections of this form even if the employee no longer works for your firm. When you have completed the form return it in the enclosed return-addressed, stamped envelope. Your responses will in no way affect the employee.

#### I. PERSONAL INFORMATION

- A. Employee name \_\_\_\_\_  
(Last) (First) (Middle)
- B. Indicated Employer \_\_\_\_\_ City \_\_\_\_\_

#### II. EMPLOYMENT INFORMATION

If the employee has worked or works for your firm, please have a supervisor familiar with the work of the employee fill out questionnaire.

Supervisor filling out form

1. Name \_\_\_\_\_  
(Last) (First) (Middle) Date \_\_\_\_\_
2. Position \_\_\_\_\_

Please complete remaining portions of this questionnaire

|   |   |   |   |   |   |   |   |   |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| E |   |   |   |   |   |   |   | S |    |    |    |

### EMPLOYEE PERFORMANCE SURVEY

**DIRECTIONS:** Please indicate your satisfaction with the employee as compared with other workers in the same work group. If the worker is the only person employed with your firm, compare him with others who have worked in the same position. This information will be kept strictly confidential. Please respond to all questions.

I. Total number of *months* employee has been employed by your firm ...   (13-14)

PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE SQUARE

II. In comparison with other workers in the same work group, how would you rate the employee on each of the following characteristics?

|                                                                                                                     | above<br>average           | about<br>average           | below<br>average           |      |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|------|
| 1. The quality of employee's work .....                                                                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (15) |
| 2. The quantity of employee's work .....                                                                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (16) |
| 3. The degree to which the employee possesses specific job-related knowledge important to success on this job ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (17) |
| 4. The degree to which the employee is able to operate the equipment and apparatus used on the job ..               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (18) |
| 5. The degree to which the employee possesses basic reading, verbal and computational skills .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (19) |

III. In comparison to others in the employee's work group, how would you rate the employee on each of the following characteristics?

|                                                                 | above<br>average           | about<br>average           | below<br>average           |      |
|-----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|------|
| 1. Willingness to accept responsibility .....                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (20) |
| 2. Punctuality .....                                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (21) |
| 3. Ability to work without supervision .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (22) |
| 4. Willingness to learn and improve .....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (23) |
| 5. Cooperation with co-workers .....                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (24) |
| 6. Cooperation with management .....                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (25) |
| 7. Compliance with company policies, rules, and practices ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (26) |
| 8. Work attendance .....                                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (27) |

IV. In comparison with other workers in the same work group, how would you rate the employee's over-all competency, effectiveness, proficiency, general over-all work attitudes, and other elements of successful job performance?

(28)

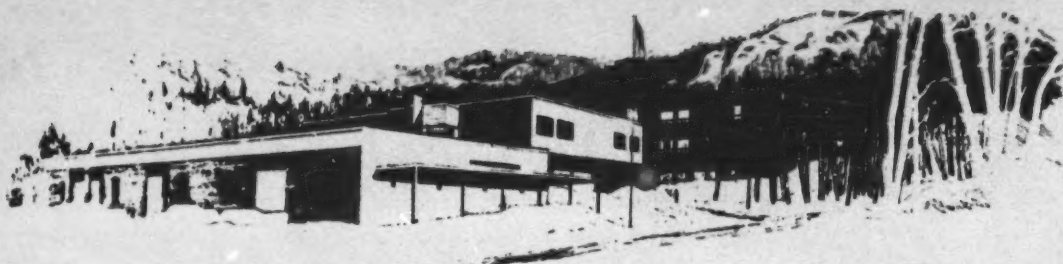
☐ 1 in the top 1/4

☐ 2 In the top 1/2 but not among the top 1/4

☐ 3 In the bottom 1/2 but not among the lowest 1/4

☐ 4 In the lowest 1/4

SAMPLE 1  
ADVANCE REQUEST LETTER  
STUDENT FOLLOW-UP



# BERLIN HIGH SCHOOL

Willard Street · Berlin, New Hampshire 03570 · Telephone 762-4122

FRANCIS W. BRUNI, PRINCIPAL  
DONALD F. DIMICK, ASSISTANT PRINCIPAL

GEORGE E. THOMPSON, GUIDANCE DIRECTOR 762-4388  
RICHARD E. PINETTE, VOCATIONAL DIRECTOR 762-6912

We are presently trying to contact people who attended Berlin High School, and who at some time were enrolled in a vocational education program. We are trying to collect information so that we can determine what past vocational students have done since leaving high school. This information will be made available to staff at the high school so that we can improve our vocational programs for future students.

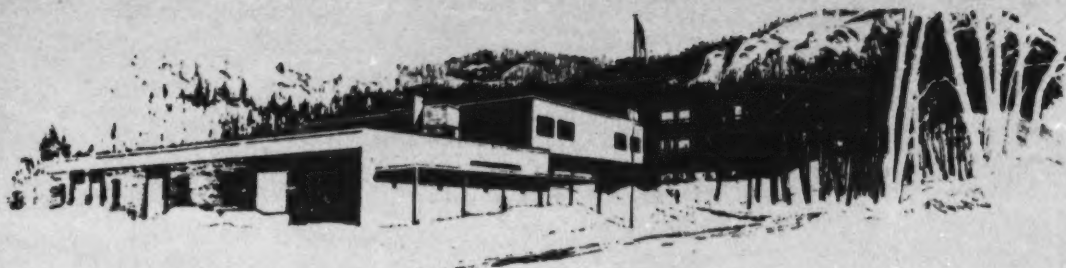
Within about one week you will receive an information form to fill out. The form will ask for information relating to what you have done since you left high school.

The form should take only about ten or fifteen minutes to fill out, and a stamped return envelope will be included. If you have any questions about the form, please feel free to write or call me.

Sincerely,

Richard Pinette, Vocational Director  
Berlin High School  
Berlin, New Hampshire

SAMPLE 2  
FIRST REQUEST LETTER  
STUDENT FOLLOW-UP



# BERLIN HIGH SCHOOL

Willard Street, Berlin, New Hampshire 03570 Telephone 762-4122

FRANCIS W. BRUN, PRINCIPAL  
DONALD F. DIMICK, ASSISTANT PRINCIPAL

GEORGE E. THOMPSON, GUIDANCE DIRECTOR 762-4508  
RICHARD E. PINETTE, VOCATIONAL DIRECTOR 762-6118

We are trying to contact you and other former vocational education students to find out what you have done since leaving school. We are interested in your opinion of the training which you received at the high school and whether or not it has been useful to you. This information will be used by our school to design better programs for future students.

Enclosed you will find a form to fill out. We sent you a letter about a week ago indicating we would be sending this form. Whatever you say on the form will not be revealed to anyone in a way in which you can be identified. Please fill out the form and return it to us as soon as possible. In fact, why not do it right now? We have enclosed a package of instant coffee so if you get a cup of hot water you can have a cup of coffee on us while you fill it out.

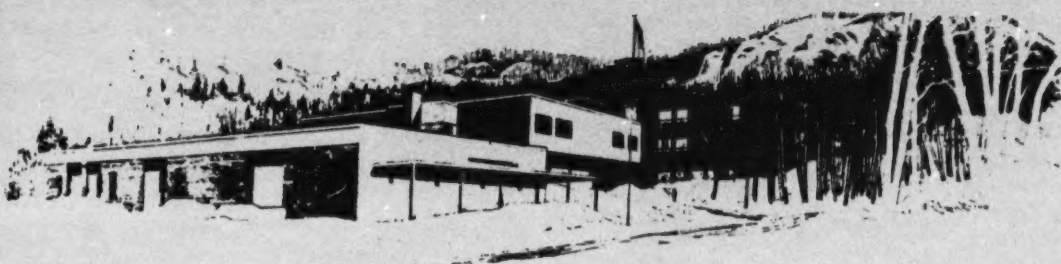
We would also like to contact supervisors; so, if you are employed, please be sure to indicate the name of your immediate job supervisor. The information provided by your supervisor will not be shared with anyone in such a way that you could be identified, and will have no effect upon your job.

Unless we receive the completed enclosed form, it will be difficult for us to improve our vocational programs. A return-addressed stamped envelope is included for your convenience. Thank you for your cooperation.

Sincerely,

Richard Pinette, Vocational Director  
Berlin High School  
Berlin, New Hampshire

SAMPLE 3  
SECOND & THIRD REQUEST LETTER  
STUDENT FOLLOW-UP



# BERLIN HIGH SCHOOL

Willard Street · Berlin, New Hampshire 03570 · Telephone 762-4122

FRANCIS W. BRUNI, PRINCIPAL  
DONALD F. DIMICK, ASSISTANT PRINCIPAL

GEORGE E. THOMPSON, GUIDANCE DIRECTOR 762-4988  
RICHARD E. PINETTE, VOCATIONAL DIRECTOR 762-6912

We are asking you, as a person who attended Berlin High School and took one of the vocational programs, for help. The information we are asking for, and which you can supply, is a very important part of a study being conducted for your school. This study will help to improve vocational programs for future students.

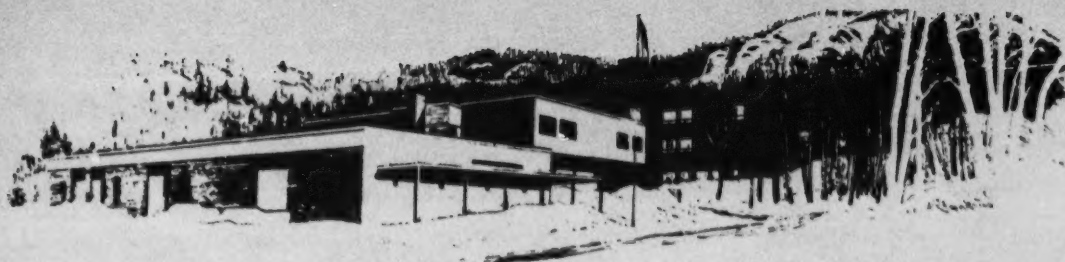
Recently we sent an information form to you. If you have already completed and returned the form, please ignore this request. But if you have not filled out the form, please take the 10 or 15 minutes necessary to do so. In case you have misplaced the original form, we are enclosing another. We are also including a return-addressed stamped envelope for your convenience.

Sincerely,

Richard Pinette, Vocational Director  
Berlin High School  
Berlin, New Hampshire

P.S. If this letter has been sent to someone in the military, relatives may complete it to the best of their ability and return it.

SAMPLE 4  
FIRST REQUEST LETTER  
EMPLOYER FOLLOW-UP



# BERLIN HIGH SCHOOL

Willard Street · Berlin, New Hampshire 03570 · Telephone 762-4122

FRANCIS W. BRUNI, PRINCIPAL  
DONALD F. DIMICK, ASSISTANT PRINCIPAL

GEORGE E. THOMPSON, GUIDANCE DIRECTOR 762-4388  
RICHARD E. PINETTE, VOCATIONAL DIRECTOR 762-6113

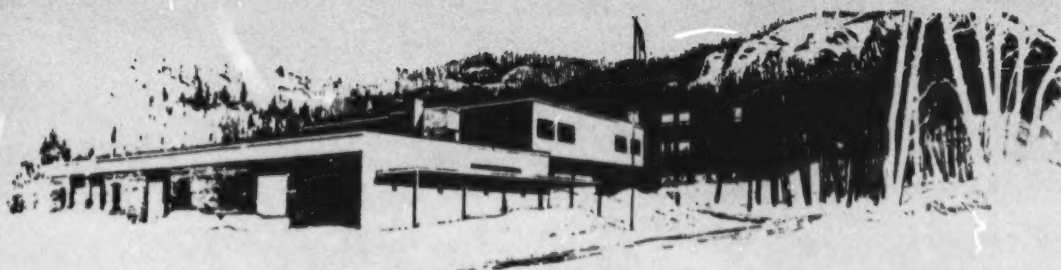
We are presently conducting a study of students who were, at one time, enrolled in one of our vocational education programs. The purpose of this effort is to gather information which we can use to improve our vocational education programs for future students. Hopefully, this will also allow us to provide local employers with better-prepared program graduates and employees.

As an employer of a past vocational education student, we are asking you for your help in this effort. Please have the employee's immediate job supervisor complete the enclosed form. Whatever information is provided on the form will not be revealed to anyone in any way so that you or your employee could be identified. It is only with the assistance of employers like yourself that we can continue to improve our educational programs. We have included a return-addressed stamped envelope for your convenience. Thank you for your assistance. If you have any questions concerning the form or the study, please don't hesitate to call or write me.

Sincerely,

Richard Pinette, Vocational Director  
Berlin High School  
Berlin, New Hampshire

SAMPLE 5  
SECOND/THIRD REQUEST LETTER  
EMPLOYER FOLLOW-UP



# BERLIN HIGH SCHOOL

Willard Street · Berlin, New Hampshire 03570 · Telephone 762-4122

FRANCIS W. BRUNI, PRINCIPAL  
DONALD F. DIMICK, ASSISTANT PRINCIPAL

GEORGE E. THOMPSON, GUIDANCE DIRECTOR 762-4988  
RICHARD E. PINETTE, VOCATIONAL DIRECTOR 762-4918

We are asking you, as an employer of a previous Berlin High School vocational education student, for your assistance. The information we are requesting will be used for a study we are presently conducting which will be used to improve our vocational education programs.

Recently we sent an information form to you. If you have already completed and returned the form, please ignore this request. But if you have not filled out the form, please take the 10 or 15 minutes necessary to do so. In case you have misplaced the original form, we are enclosing another. We are also including a return-addressed stamped envelope for your convenience.

Sincerely,

Richard Pinette, Vocational Director  
Berlin High School  
Berlin, New Hampshire

APPENDIX I  
CODING TABLES

TABLE 1  
STUDENT RACIAL/ETHNIC BACKGROUND

1. American Indian
2. Asian American or Pacific Islander
3. Black, not of Hispanic Origin
4. Hispanic
5. White, not of Hispanic Origin

TABLE 2 - CENTER CODES

|                 |                           |
|-----------------|---------------------------|
| Berlin - 002    | Littleton - 003           |
| Claremont - 010 | Manchester - 015          |
| Colebrook - 001 | Nashua - 016              |
| Concord - 011   | Peterborough - 014        |
| Conway - 006    | Plymouth - 005            |
| Dover - 020     | Portsmouth - 019          |
| Exeter - 018    | Salem - 017               |
| Keene - 013     | Somersworth - 012         |
| Laconia - 008   | Vermont Cooperative - 004 |
| Lebanon - 007   | Wolfeboro - 009           |

TABLE 3 - PROGRAM CODES

TRADE AND INDUSTRY

01-Auto Body  
 02-Auto Mechanics  
 03-Building Construction  
 04-Building Maintenance  
 05-Cosmetology  
 06-Diesel  
 07-Drafting  
 08-Electricity  
 09-Electronics  
 10-Fire Service  
 11-Machine Tool, Machine  
     Operators, Metals  
 12-Masonry  
 13-Mill Carpenter  
 14-Oil Burner Service  
 15-Plumbing  
 16-Power Mechanics  
 17-Printing/Graphic Arts  
 18-Sheet Metal  
 19-Television Production  
 20-Welding  
 21-Other

AGRICULTURE

30-Production Agriculture  
 31-Supplies/Services  
 32-Mechanics  
 33-Products, Processing  
 34-Horticulture  
 35-Natural Resources  
 36-Forestry  
 37-Other

DISTRIBUTIVE EDUCATION

40-General Merchandising  
 49-Other

HEALTH OCCUPATIONS

50-General Health Occupations  
 59-Other

OFFICE OCCUPATIONS

60-General Clerical  
 61-Clerk-Typist  
 62-Clerical-Accounting  
 63-Secretarial  
 64-Business Data Processing  
 65-Business Communications  
 66-Other

HOME ECONOMICS RELATED OCCUPATIONS

70-Care and Guidance of Children  
 71-Clothing Mgmt. Production and  
     Services  
 72-Food Mgmt., Equipment and  
     Services  
 79-Other

CONSUMER AND HOMEMAKING

80-Grades 11 and 12

DIVERSIFIED OCCUPATIONS

90-Grades 11 and 12

NON-VOCATIONAL PROGRAMS

99-All Programs

# *ACKNOWLEDGEMENTS*

It is important to note that an Evaluation System such as the VPES could not, and should not, be expected to have developed within an informational vacuum. As a result, other tried and proven sources of program evaluation material were reviewed; many previously-developed concepts and instruments were subsequently adopted and modified for use within the New Hampshire System.

Primary among these sources were:

- The Vocational Follow-Up System  
University of Minnesota  
Dr. David Pucel, et. al.
- The Vocational Education Instructional Program Review  
Florida Department of Education, Tallahassee
- Evaluation of Vocational-Technical Education  
National Study for Accreditation of Vocational-Technical Education  
American Vocational Association